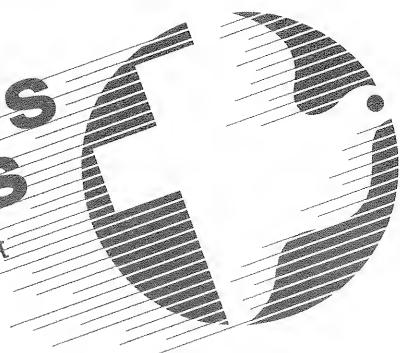


Women's Concerns

Report



• Report No. 132
May-June 1997



Eating Disorders

Over the past months I have had the privilege of being in contact with a number of women who have worked professionally in the area of eating disorders, have personally experienced an eating disorder, have been in a relationship with a person suffering from an eating disorder or have done research in the area. It has been a learning experience for me which goes beyond the intellect and cuts to the heart and soul. One aspect which has had a profound impact on me is the intense loneliness which accompanies a person suffering from an eating disorder. As human beings, we have a deep longing to connect with others in various ways, and the disappointment of this yearning to be accepted seems to lead to a loneliness I cannot fathom.

I have also learned to have high regard for the incredible strength I have seen in the individuals who have shared their stories. I respect the people who have shared their personal stories and those who have shared their professional

expertise. At times, it has taken some of them back through the intense pain of times past. I am watchful for their strength, wisdom and willingness to share (with vulnerability) with readers beyond their own community. I am extremely grateful for having crossed paths with them through letter, over the phone and for some, in person. I hope for you, the reader, the same sense of special opportunity at "meeting" these contributors.

—Wanda Derksen-Bergen, compiler

Wanda Derksen-Bergen enjoys parenting Tesia and Brina and volunteering as the president of the Parent Advisory Council at the girls' school, as a member of the MCC British Columbia Women's Concerns Committee and as an advocate for women who have experienced sexual abuse. Gardening is a minor obsession, the ocean's magnificence always calls and the companionship of husband Bruno richly adds to the wonder of life.

"Food filled an emptiness inside of me. It put distance between me and the things I didn't want to think about. But as soon as I swallowed it, I panicked."

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Anonymous

Tired of Living like a photograph in a "Three-Dimensional World"

I stared into the toilet bowl. Somewhere in the smelly mass of food I had just thrown up were the communion elements I had taken only an hour before. I recalled my fervent prayer as I swallowed the bread and juice, "Oh God, please let me not do it again today. Give me the strength to not abuse food." And here I was... again. Tears streamed down my cheeks. I felt trapped. How did I get into this mess? How do I get out?

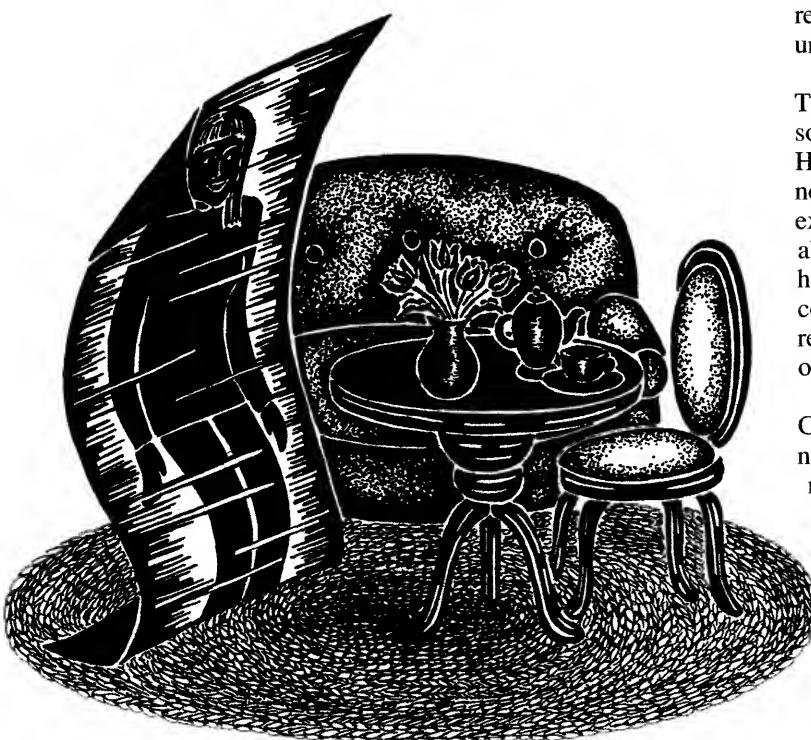
It may sound unbelievable but after five years of bingeing and purging almost daily, it was only then that I was facing the fact that I could not stop doing it. All along I had told myself that I was choosing this behavior. I could stop if I really wanted to. Why wouldn't I want to? Because by

eating all the foods I wanted and then throwing up I could "have my cake and not digest it too." Food filled an emptiness inside of me. It put distance between me and the things I didn't want to think about. But as soon as I swallowed it, I panicked. I believed I would become fat. And that could not happen. My weight was actually normal, but I wanted to be thinner. And even when I succeeded in losing some weight, I wanted to be thinner still. Being "not thin enough" was my excuse for not being the kind of person I wanted to be, not having the kinds of relationships I wanted. All of that would happen when I weighed 10 pounds less. In the meantime I was depressed... so I ate... and threw up... and ate... As long as I kept up this circus I didn't have to deal with all of the other things over which I had no control: my alcoholic father, my victimized mother, my angry sister and her abusive husband and my brother on drugs. This food thing was its own little world and it kept the pain away.

But there was something going on in my life that was unsettling me from bulimic numbness. I was in a serious relationship with someone who didn't know about my food abuse... or about a lot of other things that I kept hidden. Over the years of my childhood in a troubled home I had become somewhat of an expert in keeping things hidden. I had also become an expert in overachieving and projecting an image of someone who "had it all together." But the relationship I was now in wasn't "together"—it was unravelling.

The causal issue had not been clearly named. It had something to do with John's perception that I had no needs. He didn't see how he could live with someone like me and not feel inferior and, eventually, resentful. At the time he expressed these feelings I responded with anger. Was this about him needing to see me as weak? To be inferior so that he could do the Christian male "headship thing" with a clear conscience? There was no way I was going to be in a relationship where someone had power "over" me—moral or otherwise.

Crying into the toilet I began to see connections. I did have needs. Needs that food would never fill. Needs that would never be filled unless I was willing to trust and allow the whole of me to be known. My fear of being vulnerable and my resulting "image control" had made real



"Over the years of my childhood in a troubled home I had become an expert in keeping things hidden. I had also become an expert in overachieving and projecting an image of someone who 'had it all together.'

"There is deep joy in knowing that, beyond the three-dimensional world I see, feel and live in, there is another invisible dimension in which we all ultimately live and move and have our being, and its nature is love."

intimacy impossible. But exposing the hidden parts of me came with no guarantees. This was not a process that could be managed or manipulated. I was terrified. Did I want to allow someone to see who I really was? I felt that what lay within the core of me was ugly; dealing with my past would be painful. But now that I had experienced some of what I suspected was really love, what alternative did I have? I was tired of projecting an image—tired of living like a photograph in a three dimensional world.

The process of my initial healing was nothing short of a miracle. Two days later, spurred by some inexplicable conviction that our relationship was meant to be, John asked me if I would marry him. I was stunned. He didn't know who I really was! Then in the next instant I wondered if I knew who I really was. How would I ever know unless I was willing to be completely honest with at least one person. For me it could not have taken more courage to jump off a cliff, but I managed to stammer a "yes" and in that moment everything changed. In opening myself to the possibility of being loved for who I really was, the need to be bulimic was lifted from me. The transformation was immediate and tangible; I felt a wave of gentle warmth envelope me, and a tingling sensation radiated through my arms and hands. The empty feeling inside of me was gone. I knew I had been healed. I don't know how I knew it because nothing like this had ever happened to me before. But I knew that, like Pinocchio, in making a commitment to the truth I had become a "real" person. I was no longer trapped by my food abuse. I could allow food and people to nurture me.

In the days that followed many things happened. Without struggle I ate when I was hungry until I was satisfied and felt no need to stick my fingers down my throat. I told John about my hidden life and painful stories from the past. The compassion and understanding that I received from him were like a rock that I could anchor myself to, and from the security of that place I cried a torrent of tears. I also remember that during those days I would often find myself simply staring at my forearm with what must have been an idiotic grin on my face thinking, "God's love for me is more real than the flesh and bone I'm looking at."

I'm self consciously aware that part of my story sounds like a "knight in shining armor" fairy tale. The feminist part of me winces at that. So it may be a relief to some that not all of the healing process was mediated through my partner and not all of it was "instant." I had to learn how to have a truly honest relationship with someone. Developing and maintaining intimacy was a journey for which I felt I had no map. Shadows from my past often fell on my relationship,



and I had to seek the help of a skilled therapist to work through issues that required careful reflection and re-decision. I also found that the habits of image control do not die easily. I still work against my inclinations to impress and please people. I am thankful that over the year deep friendships with women in particular have helped me to cultivate authenticity and discover the gifts I can offer to others with integrity.

Now, 14 years later, I still need regular reminders to live the truth "one day at a time" so that I stay connected to reality. There is deep joy in knowing that, beyond the three-dimensional world I see, feel and live in, there is another invisible dimension in which we all ultimately live and move and have our being—and its nature is love.

"You shall know the truth and the truth shall set you free."

"Discourage the idea that a particular diet, weight or body size will automatically lead to happiness and fulfillment."

What is an eating disorder?

Eating disorders are extreme expressions of a range of weight and food issues experienced by men and women. These include anorexia nervosa, bulimia nervosa and compulsive overeating. All are serious emotional problems that can have life-threatening consequences.

Anorexia Nervosa

Characterized primarily by a self-starvation and excessive weight loss. Symptoms include:

- refusal to maintain weight at or above minimally normal weight for height and age;
- intense fear of weight gain;
- distorted body image;
- extreme concern with body weight and shape.

Bulimia Nervosa

Characterized primarily by a secretive cycle of binge eating followed by purging. Symptoms include:

- repeated episodes of bingeing and purging;
- feeling out of control during a binge;

- purging after a binge (vomiting, use of laxatives, diet pills, diuretics, excessive exercise or fasting);
- frequent dieting;
- extreme concern with body weight and shape.

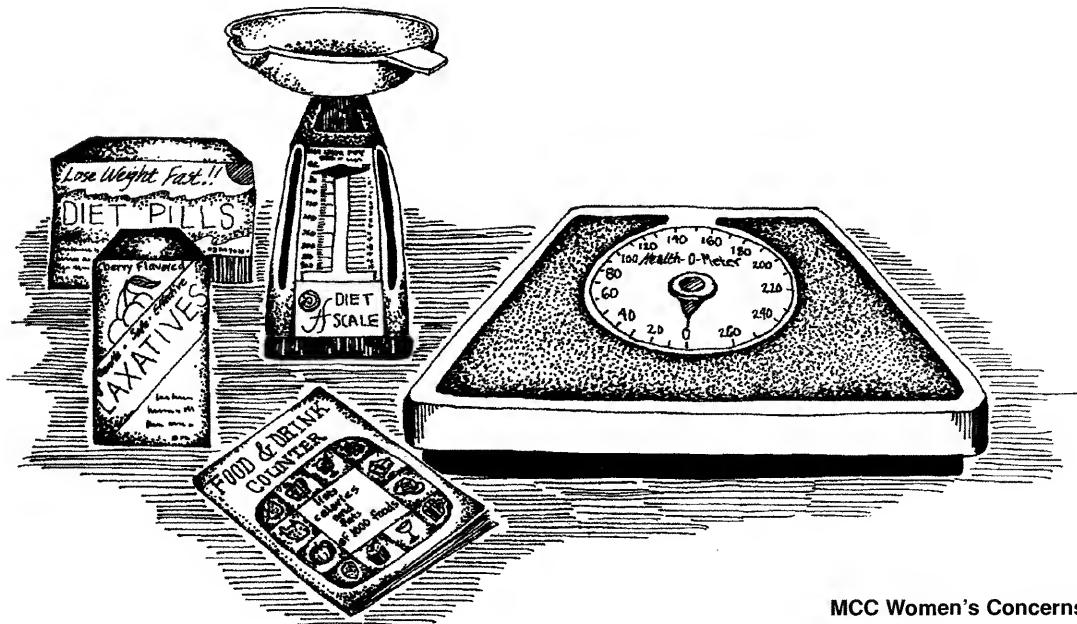
Compulsive Overeating

Characterized primarily by periods of impulsive gorging or continuous eating. While there is no purging, there may be sporadic fasts or repetitive diets. Body weight may vary from normal to mild, moderate or severe obesity.

Four ways you can help prevent eating disorders

1. Learn all you can about anorexia nervosa, bulimia nervosa and compulsive overeating. Genuine awareness undermines judgmental attitudes or mistaken attitudes about food, body shape and eating disorders.
2. Discourage the idea that a particular diet, weight or body size will automatically lead to happiness and fulfillment.
3. If you think someone has an eating disorder, express your concerns in a forthright, caring manner. Gently but firmly encourage the person to seek trained professional help.
4. Support local and national eating disorder organizations by volunteering your time or giving a donation.

Eating Disorders and Prevention, Inc. (EDAP), 603 Stewart St., Suite 803 Seattle WA 98101, (206) 382-3587, provided the above information.





by Wanda Wagler-Martin

Learning about eating disorders

In my work as a clinical social worker I have had the privilege of journeying with a number of girls and women as they have sought recovery from an eating disorder. I have been struck by the ravages of this disease and the pain that it causes. I have also listened to the voices of many women, professionally and personally, who struggle with loving and accepting their bodies. In writing this article about eating disorders it is my hope that the information provided here will educate and sensitize readers, while encouraging individuals to seek help if it is needed. I acknowledge The National Eating Disorder Information Center Bulletin, and the numerous books, articles and studies which I have read over the years as sources for the material cited below.

Anorexia nervosa and bulimia nervosa (herein referred to as anorexia and bulimia) are the two most commonly known eating disorders. However, it is helpful to conceptualize eating concerns along a continuum in that eating behaviors can range from defined eating disorders at one end to healthy eating at the other end, with a spectrum of forms of disordered and healthy eating behaviors in between. One study estimated that 90 percent of all women (this study referred to Canadian women) experience some degree of body-image dissatisfaction; that is, they wish they could change all or part of their body. Over 80 percent of women have dieted by age 18 and one study suggests that 40 percent of 9-year-old girls have dieted. Anorexia is thought to affect 1 percent of adolescent females and young women, whereas bulimia affects approximately 2 percent to 3 percent. It has been estimated that one in 20 people with anorexia and one in 10 people with bulimia are male. The occurrence of eating disorders and the risk factors associated with them are indeed cause for concern.

To understand the scope and prevalence of eating disorders, it is relevant to reflect on cultural antecedents. While many causal factors have been posited, it is clear that the pursuit of thinness tends to dominate body-image struggles for women in the North American culture. (Body-image is defined as the representation or picture you have of your body, and the feelings or judgments you have about it.) We live in an era where thinness is thought to equal beauty,

"The average female fashion model is 5'8" tall and weighs 115 pounds, and the average woman is 5'3" tall and weighs 144 pounds. Therefore the average model weights 23 percent less than the average woman."

success and self control, whereas fat is equated with ugliness, sloppiness or stupidity. This creates enormous pressure for girls and women, many of whom were never biologically intended to be thin, especially by today's standards. This so-called ideal is

unobtainable for most women. It is important to realize that it is normal for men's bodies to be comprised of 10 percent to 15 percent fat, while women's bodies require 25 percent fat to menstruate and bear children.

We are bombarded by media images and advertisements that encourage women to strive for that "ideal" body. The average female fashion model is 5'8" tall and weighs 115 pounds, and the average woman is 5'3" tall and weighs 144 pounds. Therefore the average model weights 23 percent less than the average woman. The fashion industry and the media project the message that you must constantly fight the natural size of your body in order to be thin.

It is important to consider "set point" theory when reflecting on the impossibility of most people becoming extremely thin. Set point is a scientific concept based on the idea that the body has a strong biological drive to maintain its natural weight. Very few people are biologically intended to be very thin or very heavy—most of us fall somewhere in between. It may help to think of your body's natural weight as the amount of fat your body tends to have when you are not dieting or exercising excessively. This also tends to change with age.

The body regulates the rate at which you use up or metabolize food. When you do not eat what your body needs, your metabolism slows down to conserve the few calories you give it. The body is trying to protect itself from loss. This slowing of metabolism can happen very quickly. When you start to eat in a more healthy manner again, your body metabolism will eventually speed up. But, if you repeatedly diet, often called "yo-yo dieting," with regular weight loss and gain, your metabolism slows down more quickly with each additional diet and speeds up less quickly when you resume normal eating. This explains why it feels more difficult to lose weight with each successive diet and why dieting in the long-term actually promotes weight gain. You can actually diet your way to increased weight. Starting to diet puts you at risk of a higher body weight. This is a crucial message to convey to adolescent females.

(continued on page 6)

"If you know someone with an eating disorder it is important to involve a knowledgeable health practitioner to assess and monitor the physical well-being of the person with the eating disorder."



It is also known that dieting is a significant factor in the development of an eating disorder such as anorexia or bulimia. When eating behavior crosses a certain line (the specifics of which can vary from person to person) an eating disorder may develop. As noted, the two most common are anorexia and bulimia, although there is not always a clear distinction between the two. I have worked with women who have clearly exhibited features of both disorders.

Anorexia is characterized by drastic weight loss resulting from excessive dieting and other behaviors such as intense exercise. There is generally a strong motivation to be thin and an intense fear of weight gain. A person may become extremely thin, even to the point of emaciation, and still believe herself to be overweight. Even when a person is at a dangerously low weight she may still point out areas of her body that "need work" and may still feel fat. This reflects the distorted thinking that accompanies a person who is in a state of starvation and is referred to as body-image distortion.

Bulimia is typified by frequent weight changes promoted by periods of binge eating followed by attempts to purge the food from the system. Purgng can be done through self-induced vomiting or the use of laxatives, diuretics (water pills) or emetics (agents that promote vomiting). Purgng can also be achieved through periods of fasting or excessive exercise. A person caught in the cycle of bingeing and purging often experiences feelings of self-loathing and depression. When someone binges she may feel she has lost control over her diet and then feel disgusted due to her purging behavior. It is not uncommon for women with bulimia to appear to be of average or "normal" size. This is due to the fact that some purging techniques do not promote weight loss. Purging through vomiting may cause a woman to lose weight initially, but the weight will generally return, often with an increase. Laxatives get rid of water and important nutrients, but few calories. Fluid loss from water pills may produce the initial sensation of weight loss, but fluid loss from water pills may lead to dehydration which can lead to rebound fluid retention 48–72 hours after taking the pills.

Eating disorders may result in serious medical complications. Some complications related to starvation (anorexia) include: emaciated, sickly, pale appearance; dry, cracked skin; thinning scalp hair; lanugo (a fine down hair covering the body); brittle finger and toe nails; carotene pigmentation (a yellowish discoloration of the skin related to a starvation-induced defect in the liver); low blood pressure; low heart rate; lowered body temperature; cardiac arrhythmia (irregular

"Our churches need to respond to the culture of thinness by educating girls and women on the importance of loving themselves and celebrating the body God has given them."

heart rate which results from a wasting of the heart muscle); muscle wasting; electrolyte disturbance; constipation; bloating, swelling and puffiness in the ankles, fingers and face; irregular menstrual flow or absence of period; osteoporosis (brittle bones—can result from prolonged absence of period). A person with anorexia may feel persistent pain and discomfort. Ten percent to 20 percent will eventually die from complications related to anorexia.

Complications related to bingeing and purging may include: callouses on the back of hands from self-induced vomiting; erosions of dental enamel associated with the acid from repeated vomiting; swollen glands; stomach problems; kidney damage; weakness; lethargy; epileptic seizures; dehydration/electrolyte imbalance; headaches; dizziness; irregular heart rate; irregular menstrual cycle; swelling/puffiness. People who vomit or abuse laxatives or diuretics lose large amounts of potassium and are at risk for hypokinesia: muscle cramping, weakness, cardiac arrhythmia and sudden death. (For additional details refer to the source of this information, *The Complete Book of Psychotherapy for Anorexia Nervosa and Bulimia Nervosa*, Garner & Garfinkel, eds.)

Needless to say the consequences are potentially very severe, and it is important to realize that women do die from complications associated with eating disorders. A person with an eating disorder needs to be taken seriously. If you know someone with an eating disorder it is important to involve a knowledgeable health practitioner to assess and monitor the physical well-being of the person with the eating disorder.

Eating disorders affect all of us. Girls and women within our congregations are not unaffected by the socio-cultural pressure to be thin. Individual and family factors in combination with socio-cultural pressures place some at greater risk than others, yet there is not one specific profile of the person who will develop an eating disorder. Anyone who embarks on a course of dieting is at risk for crossing the line that leads to the development of an eating disorder. I am concerned that our churches need to respond to the culture of thinness by educating girls and women on the importance of loving themselves and celebrating the body God has given them.

Warning signs that you or someone else may have an eating disorder include: excessive caloric counting or dieting; guilt or shame about eating; claims of "feeling fat" when weight is normal or low; frequent weighings; evidence of binge

eating; hoarding of food; use of laxatives, diuretics or emetics; secretive vomiting—leaving for the bathroom right after a meal or in the middle of a meal; moodiness, irritability or depression; inflexibility; low self-esteem and intense need for perfection; social withdrawal and intolerance of others; over-sensitivity to criticism; thinking in extremes ("if I'm not thin I'll be obese"); evidence of overexercise—frequent or rigid exercise; unexplained tooth decay; frequent weight fluctuations; frequent sore throats.

There is a great deal of guilt and shame associated with eating disorders. If you question someone about the possibility of her having an eating disorder don't be surprised if your query is vehemently denied. If you feel you may have an eating disorder you may feel ashamed, embarrassed, confused or uncomfortable. Please reach out to someone you feel will take your disclosure seriously. If someone discloses to you that they think they might have an eating problem don't agree to help control their eating or to try to fix it for them. Be clear that you will support and listen to them, but encourage them to speak with their physician, a school nurse, guidance counsellor, a trained therapist or someone who is qualified to help them.

Be patient. Eating disorders take time to develop, and it takes time to recover from them. Also be hopeful. People can and do recover from eating disorders. Women with whom I have worked talk about the immense time and energy that their eating disorder demands of them. Recovery will also take time and energy and patience. Remember that you, your friend or your family member is worth it, and there is a better way.

Wanda Wagler-Martin, M.S.W., C.S.W., is a clinical social worker in Waterloo, Ont. She is employed at Grand River Hospital, Kitchener-Waterloo Health Center, and also maintains a part-time private counseling practice. She has worked with women who have eating disorders and is concerned about the prevalence of body-image struggles experienced by women in general.

"The disease model served to alleviate a certain amount of guilt felt among those closest to me. I had a problem, not them."

by Calista Dick

A battle I fought alone against... myself

"I lay awake, alone in the dark and silence. Isolated both from people and my God—accompanied only by myself. Where was everyone? Where had they gone, and how had I ended up where they were not? It was dark, outside and within. The night was dark and my life was also. Where had the light gone? When had it been turned off—and how on earth had I come to such a dark, lonely place? I was terrified, left with only the ever-present company of my mortal enemy—the one I had grown to fear and hate passionately. I lay awake, fearful that sleep would soon come upon me, that a new day would quickly be here and that I would, once again, have to survive the war. My mind raced with thoughts too numerous to describe: Where? Why? How much longer could this go on? How would I survive? I lay alone, seemingly abandoned by the God of my childhood, the Lord I longed to live for, the Christ I desperately wanted to serve again but could not. I was trapped, isolated in a world that raged with war, in a battle I fought alone against... myself." (*Excerpt taken from author's personal reflections.*)

I look back on my life and ponder how it was that I had come to arrive at such a horrible place. My mind is filled with memories. I will relate the first to you here. I can remember it like it was yesterday. My cousins Melody and Steve and I were sitting around their neighbor's pool in our bathing suits. Not a care in the world... except one. For some reason we had been joking about who could pull their stomach in the furthest and count the number of ribs that showed up. Melody could count three on each side, and Steve could count five! I couldn't find one. Not one! I was mortified. For the first time in my life I was confronted with the truth: I was "fat." And I was horrified.

From that moment on my preoccupation with weight intensified, for reasons I was only later to understand. As I entered my teens, to my disgust, my body seemed to explode. My fears were confirmed as schoolmates affectionately dubbed me "thunder-thighs" and "chubby." I believed in my heart they were right. I tried to keep all other areas of my life under control (as I thought they should be)

while I tried desperately to win the approval of the most important figure in my life: my father. But, to my horror, I saw myself becoming fat and ugly—something I knew he hated. It was unbearable.

It was at the age of 18 when the perfect "all-together" world I had created for myself began to fall apart. It was then that I had to admit not only to my family, but also to myself, that I, in fact, had a problem. I was anorectic. In a few months via a strict 300 calorie per day diet I had gone from weighing 135–140 lbs (height 5'8") down to weighing 105 lbs. And I wasn't about to stop. Anything I ate that threatened my self-imposed daily caloric limit swiftly exited the same route by which it entered. I had become terrified of, and yet at the same time obsessed with, one thing—food. It was all I thought about, and all I wanted to forget. Food was my life, and I could not stand it any longer.

It was at the moment of admission, when I phoned my mom and finally asked for help, that my world changed forever. Now that I had faced my problem, the treatment process could begin.

It was from the medical perspective that I and those around me viewed my problem when I was a teen. From this model, anorexia is seen as a disease, exhibiting certain symptoms, carrying with it a particular prognosis and requiring specific treatment regimens. According to most medical professionals, anorexia nervosa makes victims of those who are genetically 'predisposed' to the disease and who are unfortunate enough to live in an environment that would initiate or perpetuate the problem.

From my perspective, this approach had both positive and negative effects on my recovery. On the one hand, the disease model served to alleviate a certain amount of guilt felt among those closest to me. I had a problem, not them. It was *mine*. And the beauty of this for me was that it was "a problem," just one like we all have to deal with on a daily basis. As much as I don't agree with that, at the time there were so many health concerns and feelings of shame and fear to deal with that to throw in issues of guilt and responsibility may have made the recovery process simply intolerable.

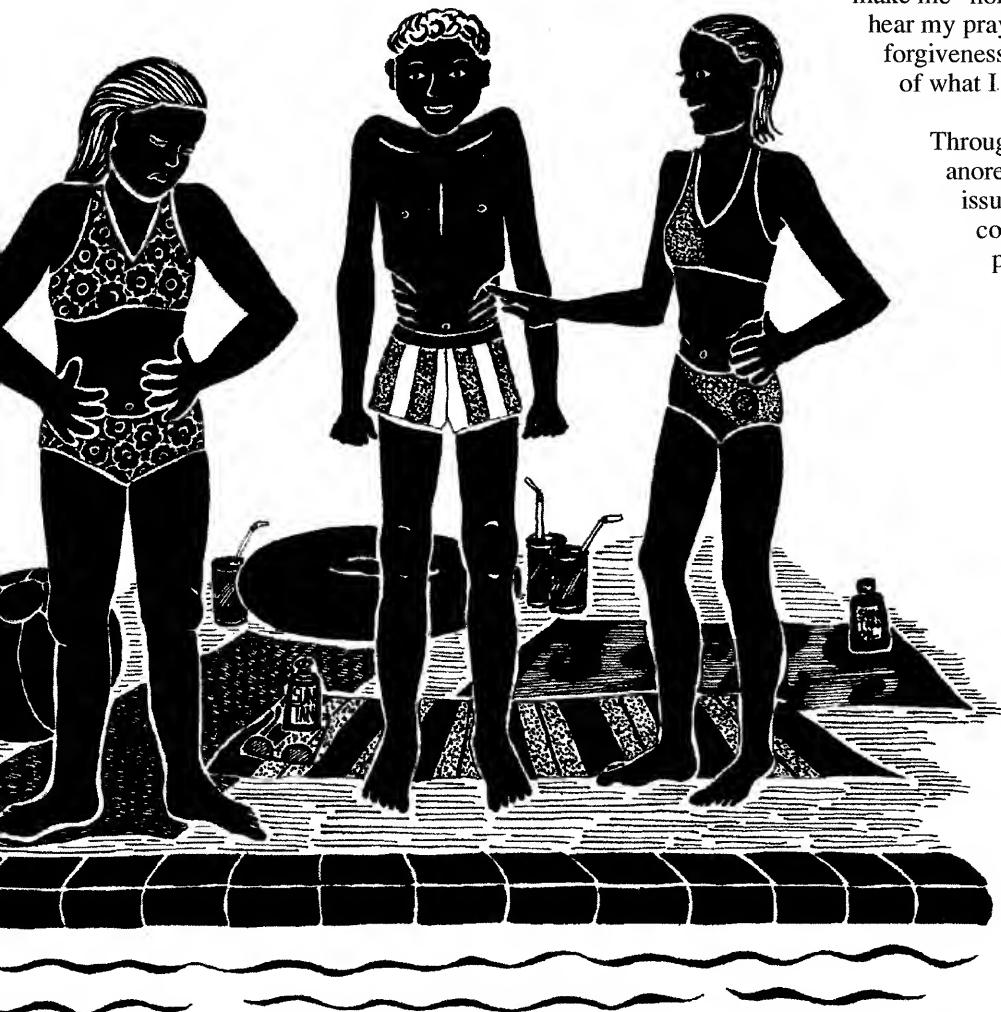
**"What I was longing for
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and help you deal with it. We
love you.'**

On the other hand, I believe viewing anorexia purely as a medical problem that I had to deal with caused my recovery process to be somewhat prolonged and more frustrating than it may have been otherwise. I felt as though I was being "sent off" to be "fixed up." As I delved more deeply into past and present relationship issues with my psychiatrist, I wanted desperately to discuss what I felt was at the heart of the matter: my relationship with my parents. But I didn't dare. As a result, bitterness and resentment built inside me. I was so angry I could have screamed. I was angry at the very people I loved the most. I had no idea how to handle it. I was sick of being the "good little girl," but I didn't know how to be anything else. It was a terrifying place to be.

Deep down I didn't doubt for a minute that my parents had tried to do their absolute best at raising me. I never doubted their love for me. Still, I needed to be able to talk to them about my pain. I know it would have been extremely healing for them to be a part of the recovery process. What I was longing for was to hear them say, "Honey, we never meant to hurt you. We really do want to know what you're feeling and help you deal with it. We love you." I believe those words and some open ears at home could have saved hundreds of dollars in psychologist fees! Instead, I let things burst out at the hospital and frantically bottled them up again on my way home so as to make sure I didn't offend or hurt anyone but myself. It was extremely confusing.

Adding to my confusion were the questions I had about God and my spirituality and where that all fit in. Where was God anyway? I had prayed repeatedly that He would make me "normal" again, and He hadn't. Didn't He hear my prayers? Time after time I prayed for forgiveness, and never once did I truly have a sense of what I thought was God's grace.

Throughout my months of being or becoming anorectic I struggled tremendously with the issue of my behavior being sinful. I was convinced that the only reason I had a problem with wanting to lose weight at all was because I was spiritually immature and essentially superficial. I really believed Satan was just thrilled every time I made myself sick and was doing pirouettes each day I wasted in bed, depressed over my weight. I remember



"It wasn't that I never had a bad day, but when I did I found peace in the fact that God had forgiven me even before the day had started, so surely I could forgive myself."

"I've learned how to cry bitter tears, feel intense anger, forgive deeply and, ultimately, love again. My relationships are characterized by open acceptance and an acute awareness of the need to be honest and real."

feeling through it all—not ever consciously acknowledging it but feeling it deep, deep down inside me—that God was God, and He had my life in His hands. That was my hope.

It wasn't until I began my journey down the "road to recovery" that I actually *actively* began depending on God. I had learned through my failures that I was useless alone, so I wasn't about to seriously challenge this problem without His help. In retrospect, it was also then that I became acutely aware of how real spiritual warfare is. I am of the belief that there was, undoubtedly, a spiritual aspect to my illness. Whether or not it was a completely spiritual problem I'm not certain, but I know this for sure: where I was struggling to recover from anorexia, there too was Satan in full force, attempting to make me fail.

The Bible became my only defense. On a daily basis I clung to verses such "Show me your ways, Lord, teach me your paths; guide me in your truth and teach me, for you are God, my Savior, and my hope is in you all day long" (Psalm 25:4–5).

Another tremendous encouragement for me was, "'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me" (II Corinthians 12:9).

In God's grace I grew to almost enjoy being completely dependent on Him for my sanity's survival. On a daily basis I would entrust myself and my weaknesses to Him, and I found myself becoming much more open and honest with others about who I was without Christ and what He had done in my life. It wasn't that all of a sudden I never had a bad day, but when I did I found peace in the fact that God had forgiven me even before the day had started, so surely I could forgive myself. I learned the importance of prayer to guard me from Satan's schemes.

God's grace in my life is what saved me, and it is by His mercy that today I have hope, not just for myself but for others too. I have come to a place in my life where I am aware of both who I am and who I would love to become. I have moved, however gradually, from a world ruled by fear and guilt to one where my mind is free.

More importantly, though, is the change that has taken place in my heart. Through the experience of pain I've learned how to cry bitter tears, feel intense anger, forgive deeply and, ultimately, love again. My relationships are characterized by open acceptance and an acute awareness of the need to be honest and real. That's not to say that they are perfect by any stretch of the imagination!

At the same time, though, I still struggle. Not nearly to the same degree as I have in the past, but on a daily basis I am reminded of what once controlled me. Fear of being fat still taunts me from the sidelines, and the guilt that comes with eating continues to wage war with whatever thoughts I allow it. It's not that anorexia has given up. I'm not convinced it ever will. But I do know that I'm no longer its slave. It was when I first reached out for help that I was snatched off of a path that would have undoubtedly ended in disaster and redirected onto one that has led to new life. The road has been hard, the terrain more difficult at times than I could have ever imagined, and I have not by any means reached my destination. But God has been faithful. With His help I have come this far, and I know that He will guide me on the rest of my journey.

Calista Dick is 26 years old and lives in Langley with her husband and two small children. She is currently in the Master of Arts in Counseling Psychology program at Trinity Western University and is an intern counselor at Columbia Christian Counseling Group in Abbotsford where she works primarily with eating disorder clients.

by Ruth Naylor

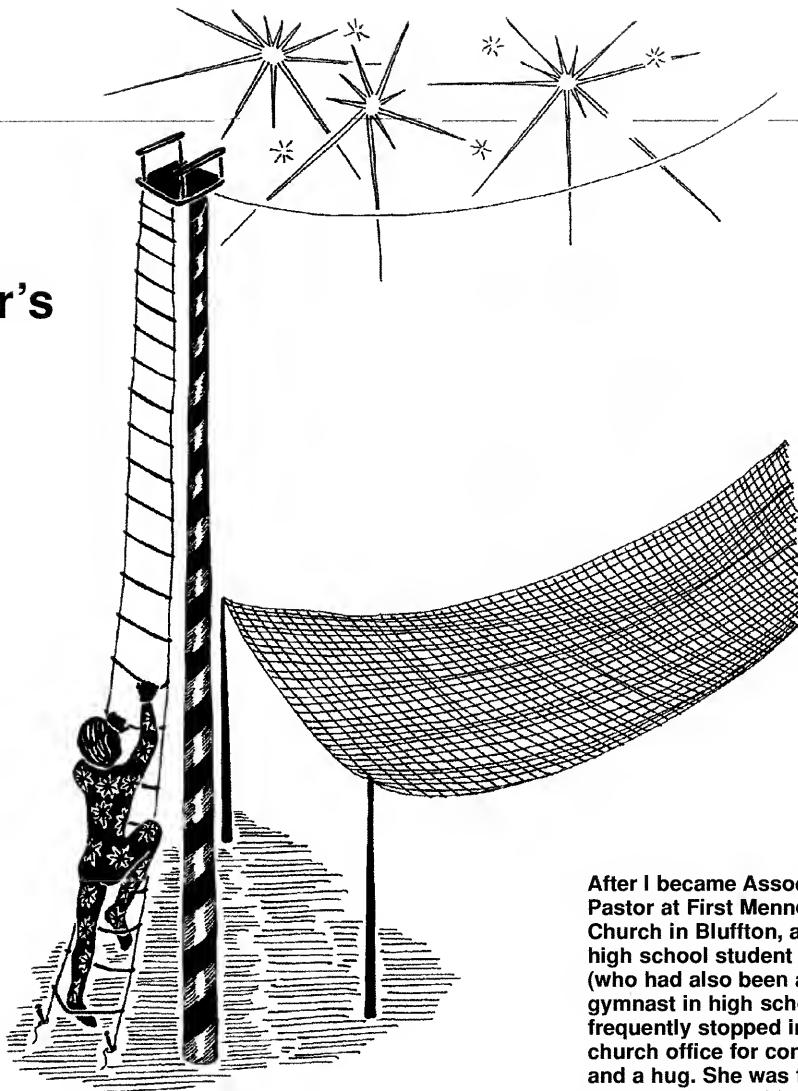
The Circus Performer's Prayer

One step at a time, Lord,
one day at a time.
Sometimes it's all I can do
to just hang on, and
some days again I can climb
toward that tight wire
of performance
where I need to stand alone—
(Or am I ever really alone?)
and walk from one point
of security to another.

Keep me balanced, Lord!
I commit my will—and
all the gymnastic training
of my mind and body
to success . . .

Still, if I should be blinded
by the bright lights,
thrown off balance
by premature applause
or frightened by the darkness
out there
and below me,
Remind me of the net
which Love spreads
under the thin wire I walk
to catch and bounce me back
giving me footing
to a ladder hold again—
not defeated, but stronger
each time than before
ready to climb again,
one small step at a time
day by day.

Help me not to focus on the wire,
the crowd, my weakness,
or my fears.
Help me, instead, to concentrate
on the goal
and to remember



Your invisible hand
in the universe
around and above me,
beckoning me to progress
—waiting patiently
when I'm too weary to move.

And then, Lord, assure me
that someday I will teach others
how to negotiate the tight thin wire
which has become my challenge.

After I became Associate Pastor at First Mennonite Church in Bluffton, a former high school student of mine (who had also been a gymnast in high school) frequently stopped in at the church office for conversation and a hug. She was fighting a constant battle with anorexia and bulimia, and she had been receiving professional medical treatment for eating disorders for a long time. She'd been hospitalized in two or three different cities. One day she came in tears to ask if I'd write a poem just for her that would help her "hold on" when she felt like giving up on life. Both this poem and "Keep Going" (which I wrote for her at the same time) were published in *With* back in 1986. She was extremely pleased and often referred to the poems. I wish I could tell you that she recovered, but her heart gave out. Her family had me assist with her funeral.
—Ruth Naylor

"Five percent to 15 percent of the people with anorexia who are hospitalized die in treatment, giving the disease one of the highest fatality rates for a mental illness."



by Ruth Naylor

Keep Going

Hugs

give little tugs

at the heart

that say

"You are loved,

Keep growing!"

by Carmen Schrock-Hurst

Statistics on eating disorders

How widespread are eating disorders?

The American Anorexia and Bulimia Association states that anorexia and bulimia strike a million American women every year.

Each year 150,000 die of anorexia (Wolf). The number of women with anorexia is estimated at five percent to 10 percent of all American girls and women.

At least half of the women on campuses in the United States suffer at some time from bulimia or anorexia.

The norm for young, middle-class American women, is to be a sufferer from some form of eating disease (Wolf).

Five percent to 15 percent of the people with anorexia who are hospitalized die in treatment, giving the disease one of the highest fatality rates for a mental illness. Forty percent to 50 percent of people with anorexia never recover completely.

Contributing factors to development of eating disorders

There is no singular cause of eating disorders. Some of the following may be contributing factors:

1. Cultural and societal messages

A generation ago the average model weighed 8 percent less than the average American woman. Today she weighs 23 percent less. The average model, dancer or actress is thinner than 95 percent of the female population (Wolf).

In a 1984 *Glamour* survey, 75 percent of women age 18–35 believed they were fat, while only 25 percent were medically overweight. Forty-five percent of the *underweight* women thought they were too fat (Wolf).

2. Personality

Compliant, loyal, high-achieving, rigid, perfectionist personalities with a high degree of self-control, low self esteem and a “good girl” image.

3. Families

There is some evidence that families with a history of alcoholism, mental illness, sexual abuse, high rigidity and/or high religiosity are at higher risk.

Questions for the church to think about

1. What message does the church give its young girls and women about beauty? About their self worth? About food? Can good Christian education help to work at prevention of eating disorders?
2. How can the church work to actively counteract society’s image of thinness as beautiful? Are we ready to see this as a justice issue?
3. Are the statistics any different among girls at Mennonite high schools and colleges? If not, why aren’t we hearing more about this issue?
4. How can the congregation be supportive to families with daughters (and sons) struggling with eating disorders?

Carmen Schrock-Hurst is a recent graduate of Associated Mennonite Biblical Seminary. In March, she and her husband, Luke, became co-pastors of Pittsburgh Mennonite Church in Pittsburgh, Pa. They are the parents of Grace (8), Lucas (6) and Caleb (1).

Notes

Garner, David M., and Paul E. Garfinkel. *Handbook of Psychotherapy for Anorexia Nervosa and Bulimia*. New York: Guilford Press, 1985.

Mickey, Paul A. “Bulimia and Anorexia: Signs of the Times.” From *Clinical Handbook of Pastoral Counseling*, Vol. 2. Robert Wicks et al. Integration Books, Paulist Press, 1993.

Moorey, James. *Living With Anorexia and Bulimia*. New York: Manchester University Press, 1991.

Orbach, Susan. *Hunger Strike*. New York: W.W. Norton and Company, 1986.

Surrey, Janet. “Eating Patterns As a Reflection of Women’s Development.” From *Women’s Growth in Connection*. Judith Jordan et al. New York: Guilford Press, 1991.

Wolf, Naomi. *The Beauty Myth*. William Morrow and Co., 1991. (See chapter on Hunger.)

Video—*The Famine Within* (available from Goshen College Library)

“Women and Food.” *Daughters of Sarah*. Fall, 1993.

Women in ministry

Martha Kolb-Wyckoff was installed as minister at Waterford Mennonite Church, Goshen, Ind. **Charlene Stoltzfus** was also commissioned.

Jewel Martin was licensed as associate campus pastor at Eastern Mennonite University, Harrisonburg, Va.

Tina Stoltzfus Schlabach was installed as member of a pastoral team at Shalom Mennonite Fellowship, Tuscon, Ariz.

Duane and Elaine Maust were licensed and installed as co-pastors at Jubilee Mennonite Church, Meridian, Miss.

Amanda Falla was ordained and commissioned, with her husband, Gamaliel, for COM work in their native Colombia.

George and Martha Janzen are associate pastors at Cedar Valley Church, Mission, B.C.

Reading List

Eating Disorders Specifically

Bulimia: A Guide for Friends and Family, by Roberta Trattner Sherman, & Rob A. Thompson. Jossey-Bass Publishing, 1990.

Surviving an Eating Disorder: Strategies for Family and Friends, by Judith Brisman & M. Seigel. Harper Collins, 1988.

A Parents' Guide to Eating Disorders: Prevention and Treatment of Anorexia and Bulimia, by Brette Valette. Avon.

Full Lives: Women Who Have Freed Themselves from Obsession with Food and Weight, Lindsey Hall, ed. Carlsbad, Ca: Gürze Books, 1993.

Making Peace with Food, by Susan Kano. Harper Collins.

Bulimia: A Guide to Recovery, by Lindsey Hall. Gürze Books, 1992.

The Body Betrayed: A Deeper Understanding of Women, Eating Disorders and Treatment, by Kathryn Zerbe. Gürze Books, 1993.

Father Hunger: Fathers, Daughters and Food, by Marge Maine. Gürze Books, 1991.

French Toast for Breakfast: Declaring Peace with Emotional Eating, by Mary Anne Cohen. Gürze Books, 1995.

The Golden Cage: The Enigma of Anorexia Nervosa, by Hilde Bruch. Random House.

Anorexia Nervosa: A Hunger for Meaning, by Karen Way. Hayworth.

Socio-cultural/Feminist

The Beauty Myth, by Naomi Wolf. William Morrow and Co., 1991.

The Invisible Women: Confronting Weight Prejudice in America, by W. Charisse Goodman. Gürze Books.

Feminist Perspectives on Eating Disorders, by Patricia Fallon, Melanie Katzman & Susan Wooley. New York: Guilford Publishing, 1994.

Eating Problems: A Feminist Psychoanalytic Treatment Model, by Carol Bloom, Luise Eichenbaum, Andrea Gitter, Susan Gutwill, et al. Basic Books.

The Obsession, by Kim Cherin. Harper Collins.

Fat is a Feminist Issue, by Susan Orbach. Berkeley.

True Beauty, by Emme with Daniel Paisner.

One Size Does Not Fit All, by Beverly Naidus.

Compulsive Eating

Overcoming Overeating, by Carol Munter & Jana Hirschman. Random House.

Breaking Free from Compulsive Eating, by Geneen Roth. Penguin, USA.

Living without Dieting, by John Foryet. Warner Books.

Professional/Academic

Eating Disorders & Obesity: A Comprehensive Handbook, by Kelly Brownell & Christopher Fairburn, eds. Guilford Publishing, 1995.

Eating Disorders: Nutrition Therapy in the Recovery Process, by Dan Reiff & K. Kim Lampson Reiff. Aspon Publishing, 1992.

Handbook of Psychotherapy for Anorexia Nervosa and Bulimia, David Garner & Paul Garfinkel, eds. Guilford Publishing, 1985.

Males with Eating Disorders, Arnold Andersen, ed. Brunner/Mazel, 1990.

Sue Steiner is interim pastor at Ninth Valley Church, New Hamburg, Ont.

Elfrieda and Jake Thielman are pastors at West Abbotsford (B.C.) Church.

Kim Wideman is youth pastor at Poole Church, Milverton, Ont.

Body Image

Bodylove, by Rita Freedman. Harper Collins.

Body Traps, by Judith Rodin. William Morrow.

Transforming Body Image, by Marcia Hutchinson. Crossing Press.

Prevention

Preventing Childhood Eating Problems, by Jane Hirschman & Lela Zaphiropopulous. Guise Books.

When Women Stop Hating Their Bodies, by Carol Munter & Jane Hirschman. Random House.

Body Awareness & Prevention of Eating Disorders for Preschool–Junior High

Preschool Age

I Like Me! by Nancy Carlson. New York: Viking, 1988.

Young Readers through Junior High

The Lovables in the Kingdom of Self-Esteem, by Diane Loomans. Starseed Press, PO Box 1082, Tiburon, CA 94920.

Am I Fat? Helping Young Children Accept Differences in Body Size, by Joanne Ikeda & Priscilla Naworski, ETR Associates, 1-800-321-4407, PO Box 1830, Santa Cruz, CA 95061-9979.

Everything You Need to Know about Eating Disorders, by Rachel Kubersky. Rosen Publishing, 1992.

Nell's Quilt, by Susan Terris. New York: Farrar, Straus & Giroux, 1987.

Blubber, by Judy Blume. New York: Bantam Doubleday Dell Publishing Group, 1974.

Tales Of A Fourth Grade Nothing, by Judy Blume. New York: Bantam Doubleday Dell Publishing Group, 1972.

One Fat Summer, by Robert Lipsyte. New York: Harper Collins, 1977.

Heads You Win, Tails I Lose, by Isabelle Holland. New York: Balantine Books, 1973.

The Pig-Out Blues, by Jan Greenberg. New York: Farrar, Straus, & Giroux, 1982.

Nothing's Fair in Fifth Grade, by Barthe DeClements. New York: Penguin Books, 1990.

Good Answers to Tough Questions About Weight Problems and Eating Disorders, by Joy Berry. Chicago: Children's Press, 1990.

Belinda's Bouquet, by Leslea Newman. Alyson Wonderland, 40 Plympton Street, Boston, MA 02118. 1991 (Available from NAAFA (916) 558-6880).

Are You Too Fat, Ginny? by Karin Jasper. Is Five Press, Distributed by Marvin Melnyk Associates, Lewiston, NY 14092-0545 (Available from NAAFA (916) 558-6880).

This reading list is provided by Eating Disorders Awareness and Prevention, Inc. (EDAP). EDAP is a national nonprofit organization dedicated to increasing the awareness and prevention of eating disorders. For more information contact:

EDAP • 603 Stewart Street, Suite 800 • Seattle WA 98101 • Phone (206)382-3587 • Fax (206) 292-9890 • World Wide Web Site: <http://members.aol.com/edapinc>



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News and verbs

Goshen College seeks applicants for a full-time position in adult-health and acute-care nursing. Qualifications include master's degree (doctorate preferred) and teaching experience. Responsibilities include teaching two clinical courses and working with other faculty members in curriculum development, implementation and evaluation. Send letter of application, resumé and professional references to: John D. Nyce, Interim Academic Dean, Goshen, IN 46526. Phone 219 535 7503. Fax: 219 535-7660. E-mail: johndn@goshen.edu; web site: www.goshen.edu.

WOMEN'S CONCERN REPORT is published bimonthly by the MCC Committees on Women's Concerns. We believe that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committees strive to promote new relationships and corresponding supporting structures through which women and men can grow toward wholeness and mutuality. Articles and views presented in REPORT do not necessarily reflect official positions of the Committees on Women's Concerns.

WOMEN'S CONCERN REPORT is edited by Gwen Groff. Layout by Beth Oberholtzer Design.

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New books

Faith, Feminism and Families, co-edited by Mary Stewart Van Leeuwen and Ann Carr, and published by Westminster/John Knox Press.

Profiles of Anabaptist Women: Sixteenth-Century Reforming Pioneers, co-edited by C. Arnold Snyder and Linda A. Huebert Hecht. Waterloo, ON: Wilfrid Laurier University Press, 1996.

A new reader, *Sisters, Friends* introduces 14 Middle Eastern women in a kaleidoscope of stories. The stories, written by MCC women, describe their encounters with Middle Eastern women; women much like themselves, who have become their sisters and their friends. *Sisters, Friends* is available free of charge from all MCC offices. Contact MCC, 21 South 12th St., Akron, PA 17501, phone 717 859 1151; or MCC Canada 134 Plaza Drive, Winnipeg, MB R3T 5K9, phone 204 261 6381, or the MCC office nearest you.

Doreen Klassen writes, "Recently I found an article which might be of further assistance to women and men dealing with infertility. The article, "Natural Ways of Dealing with Infertility," written by Carolyn DeMarco, M.D. was published in the December 1996/January 1997 issue of *Health Naturally*.

2nd Class

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